

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011839

STATE FILE NUMBER

MAR 19 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 689

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		c. CITY OR TOWN Maplewood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		d. STREET ADDRESS 7139 Lyndon	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HOLLAND Last HOLLAND		4. DATE OF DEATH Month March Day 13 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1869
9. AGE (In years) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Cutter	
11. BIRTHPLACE (City and state or country) Leicester, Eng.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Coniah Holland		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE unk.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 486-20-1237		17. INFORMANT Ralph Bretcher Address 3630 S. Broadway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Mitral Stenosis		INTERVAL BETWEEN ONSET AND DEATH 1 week Doubt know Doubt know	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ST. LOUIS COUNTY ST. LOUIS STATE MO	
21. I attended the deceased from Nov. 26, '58 to Mar. 12, '59 and last saw her alive on March 12, 1959 Death occurred at 9:15 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Ralph W. Laffey, D.O.	
22b. ADDRESS Box 122, Manchester, Mo.		22c. DATE SIGNED 3-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/17/59	23c. NAME OF CEMETERY OR CREMATORY Yakellen Cemetery	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
24. FUNERAL DIRECTOR Louis H. Bopp Inc. Kirkwood Mo	25. DATE RECD. BY LOCAL REG. 3-16-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms with be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4512

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.